STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

1. Name of Lobbyist(s): Debra Miller, Julianne McConnell, Tara Reardon

II. Name of lobbyist's par	tnership, firm or corporation, if a	any:	
New Hampshire C	ommunity Loan Fund		
	partnership, firm or corporation)		
7 Wall Street	Concord	· NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) 224-6669 (Telephone)	(603) 225-7425 (Fax		ommunityloanfund.org
, ,		•	51
	: (Choose one – file separate repo ctions which are not attributable		y the a separate report for
		•	
☐ All reportable transaction	ons occurring in the months prior to	the reporting date relative to the	e following client:
	•		
(Ful	Il Name of Client as it appears on the L	obbyist Registration Form)	
<u>OR</u>		, ,	
☐ All reportable transactio unrelated to any particular of	ns by the lobbyist (including the loblient.	bbyist's family), or the lobbying	firm listed below which are
IV. Date of Report Ap	oril 25, 2018	July 25, 2018 💆	
Reports cover: activity fro	om date of registration to 3/31/18	activity from 4/1/18 to 6/30/18	•
	ctober 31, 2018	January 30, 2019 🗍 activity from 10/1/18 to 12/31/	/18
	fees received and no reportabl lete just this form and submit it to t		
VI. Check if additional re	norts are attached:		•
	es or made expenditures, you must	file Addendum A- Fees and Ex	openses
	norarium or reimbursed expenses, y		
☐ If you, your firm, or yo	ur family has made political contrib	butions, you must file Addendu	m C- Political Contributions
Sworn Statement/Affirma I have read RSA 15, RSA I and complete to the best of	5-B, RSA 14-C and RSA 664 and 1	hereby swear or affirm that the f	oregoing information is true
Jun 12/ W		1/31/18	->
(Signature of lobbyist)	11	(Dat	c)
	1:11er		
(Print Name of lobbyist)			

PLEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Debra Miller, Julianne McConnell, Tara	a Reardon
II. Name of lobbyist's partnership, firm or corporation, if any:	
New Hampshire Community Loan Fund	
(Name of partnership, firm or corporation)	
III. Name of Client N/A	Date
 IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses: a) Total of all fees received in this reporting period b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year) c) Total of all fees received to date (Add lines a and b) 	a) \$ 0 b) \$ 0
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lest being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses paid expenses; (b) the aggregate total of all expenses; (b) the aggregate total of all expenses; (b) the aggregate total of all expenses; (b) that is given to the person of with a value of \$25.00 or less); and or ting period of greater than \$25.00 for the of greater than \$25, but not greater than \$50 expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.b) Total aggregate of expenditures during this reporting period, not reported	a) \$
in a), of \$25 or less.	b) \$0
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ 0

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 70.66
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	c) \$298.75
f) Total of all expenses year to date	f) \$369.42_
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
(Signature of lobbyist)	7/31/18
	(Date)
DEBRA MILLER(Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying par	tnership, firm, or corpo	oration: New Hampshire	Community Loan Fund
Name of Client (leave	blank if Statement is fo	or the partnership, firm, or	corporation and not related to any
particular client):			· · ·
Date of Report (check	one):		
April 25, 2018 □	July 25, 2018 🕱	October 31, 2018 🗆	January 30, 2019 □
			nd Expenses described above, and umber of Addendum forms being
X Addendum A(s).		
Addendum B(s).	•	
Addendum C(s).		
	nn that the foregoing in my knowledge and be		nt and each Addendum is true and
AUNDY	mlh		7/21/18
(Signature of lobbyist)		•	(Date)
Debra Miller			
Print Name of Johnyis	et)		

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Staten	nent/Aff	irmat	tion l	y L	obbyist
Statem	ent of	Income	and E	Expe	nses	for:

Name of Lobbying partn	ership, firm, or corpo	ration: New Hampshire	Community Loan Fund
	ank if Statement is fo	r the partnership, firm, or	corporation and not related to any
Date of Report (check of	ne):		
April 25, 2018	July 25, 2018 🕱	October 31, 2018 🗆	January 30, 2019 □
			nd Expenses described above, and umber of Addendum forms being
X Addendum A(s).			
Addendum B(s).			
Addendum C(s).	·		
complete to the best of m			at and each Addendum is true and
Julianne McConne	ell		
(Print Name of lobbyist)			

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partner	ship, firm, or corpor	ration: New Hampshire	Community Loan Fund
Name of Client (leave blan	ik if Statement is for	r the partnership, firm, or o	corporation and not related to any
particular client):			
Date of Report (check one):		
April 25, 2018 🗆 🔾	uly 25, 2018 🛭	October 31, 2018 □	January 30, 2019 □
			d Expenses described above, and mber of Addendum forms being
X Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
(Signature of lobbyist) Tara Breardon			and each Addendum is true and -3[-16] (Date)
(Print Name of lobbyist)		•	